

MHOC CHARGE & REPEAL:

Amended Charge of the Mental Health Oversight Committee

(a) The mental health oversight committee is created to ensure that consumers have access to a comprehensive and adequate continuum of mental health services. The committee shall be composed of one member from each of the house committees on human services, institutions, and appropriations and a member-at-large to be appointed by the speaker of the house, not all from the same party, and one member from each of the senate committees on health and welfare, institutions, and appropriations and one member-at-large to be appointed by the committee on committees, not all from the same party. Initial appointments shall be made upon passage.

(b) Members of the committee shall serve as the liaison to their respective legislative standing committees with primary jurisdiction over the various components of Vermont's mental health system. The committee shall work with, assist, and advise the other committees of the general assembly, members of the executive branch, and the public on matters related to Vermont's mental health system.

(c) The committee is authorized to meet up to six times per year while the general assembly is not in session to perform its functions under this section.

(d) The commissioner of mental health shall report to the committee as required by the committee.

(e) Members of the committee shall be entitled to compensation and reimbursement for expenses under section 406 of Title 2.

(f) The legislative council, and the joint fiscal office shall provide staff support requested by the committee.

(g) The mental health oversight committee shall provide a progress report to each of the committees represented thereon no later than January 15 of each year.

2014 Acts and Resolves No.179, Sec. E. 306.4

Sec. E.306.4 REPEALS

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(b) 2004 Acts and Resolves No. 122, Sec. 141c (Mental Health Oversight Committee), as amended by 2006 Acts and Resolves No. 215, Sec. 293a and 2007 Acts and Resolves No. 65, Sec. 124b, is repealed on January 1, 2015.

MHOC TASKS:

2014 Acts and Resolves No.179, Sec. E. 306.6

Sec. E.306.6 HUMAN SERVICE PROGRAMS OVERSIGHT PROPOSAL

(a) The fiscal year 2015 report required under 2 V.S.A. § 852(c) shall be made on or before December 31, 2014. In the report, the Health Care Oversight Committee shall, in consultation with the Mental Health Oversight Committee, recommend if a single oversight structure is needed to be the successor to the Health Care Oversight Committee and the Mental Health Oversight Committee.

2014 Acts and Resolves No. 192, Sec. 23

Sec. 23. LEGISLATIVE INTENT; EMERGENCY INVOLUNTARY PROCEDURES

The Mental Health Oversight Committee shall identify and include in its 2014 annual report a list of policies that may require clarification of legislative intent in order for the Department of Mental Health to proceed with rulemaking pursuant to 2012 Acts and Resolves No.79, Sec. 33a. The Committee shall also make recommendations as to any legislation needed to clarify legislative intent for those policies identified by the Committee.

REPORTS DUE TO MHOC:

2014 Acts and Resolves No.179, Sec. E. 314.4

Sec. E.314.4 PSYCHIATRIC HOSPITAL STAFFING

(a) By July 1, 2014, the Department of Mental Health shall establish criteria by which to determine the appropriate staffing level at the Vermont Psychiatric Care Hospital. The criteria shall consider the need to provide sufficient direct care and administrative and support staff consistent with the requirement to provide effective treatment services in an environment that monitors patient care, and the safety needs of patients, and aligns with the guidelines of the federal Centers for Medicare and Medicaid Services.

(b) The Department shall provide a written report to the Joint Fiscal Committee and the Mental Health Oversight Committee in July 2014 regarding the staffing plan for the Vermont Psychiatric Care Hospital. The report shall justify and demonstrate the need for each of the administrative and support staff included in the plan, with the goal of limiting positions to those that are essential to meet the needs of operating the hospital.

(c) By July 1, 2014, the Department of Mental Health, in consultation with the State's Chief Performance Officer, as designee of the Secretary of Administration, shall identify desired outcomes, performance measures, and data requirements required to measure whether the hospital is achieving the stated outcomes for patient care, and the effectiveness of treatment services, patient monitoring, and safety requirements at the Vermont Psychiatric Care Hospital and shall provide a written report to the Joint Fiscal Committee and the Mental Health Oversight Committee in July 2014.